

TRAVEL EXPENSE CLAIM

CHP 262 (Rev. 3-09) OPI 071

☐ Relocation ☐ Out of State

DEPARTMENT
California Highway Patrol

PAGE(S)
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| | | | | |
|--|--|--|---|--|
| CLAIMANT'S NAME Joseph A. Farrow | | I. D. NUMBER 009486 | SOCIAL SECURITY NUMBER* | WORK TELEPHONE NUMBER (916) 843-3001 |
| POSITION Commissioner | | CB / ID NUMBER M05 | DIVISION OR BUREAU Office of the Commissioner | LOCATION CODE 001 |
| RESIDENCE ADDRESS* | | HEADQUARTERS ADDRESS 601 North 7th Street | | |
| CITY, STATE, AND ZIP CODE | | CITY, STATE, AND ZIP CODE Sacramento, CA 95811 | | |

| 1. MONTH / YEAR | | 3. LOCATIONS WHERE EXPENSES WERE INCURRED | 4. LODGING | 5. MEALS | | | 6. INCIDENTALS | 7. TRANSPORTATION | | | | 8. BUSINESS EXPENSE | 9. TOTAL EXPENSES FOR DAY |
|-----------------|--------------|---|------------|-----------|-------|--------------------------------|----------------|-------------------|--------------|-------------------|---------------------------------------|---------------------|---------------------------|
| 2. DATE | TIME | | | BREAKFAST | LUNCH | O.T., LT, N/C, RELO. OR DINNER | | A. COST OF TRANS. | B. TYPE USED | C. TOLLS, PARKING | D. PRIVATE CAR USE MILES AMOUNT | | |
| May/2009 | | | | | | | | | | | | | |
| 12 | 0700 1600 | Sacramento to Orange County and Return | | | | | | | A | | | | |
| 14 | 1500 1720 | Sacramento | | | | | | | SC | 12.25 | | | 12.25 |
| 15 | 1400 | Sacramento to Los Angeles | 106.65 | | | | | | A | | | | 106.65 |
| 16 | 0930 | Los Angeles and Return | | | | | | | | | | | |
| 24 | 1730 | Sacramento to Los Angeles | 101.80 | | | 18.00 | | | A | | | | 119.80 |
| 25 | 1700 | Los Angeles and Return | | | 10.00 | | | | A | | | | 10.00 |
| 29 | 1930 | Sacramento to Los Angeles | 126.64 | | | | | | A | | | | 126.64 |
| 30 | 1700 | Los Angeles and Return | | 6.00 | 10.00 | | | | A | | | | 16.00 |
| 10. CLAIM TOTAL | | | 335.09 | 6.00 | 20.00 | 18.00 | | | | 12.25 | | | 391.34 |

11. PURPOSE OF TRIP, REMARKS AND DETAILS (ATTACH RECEIPTS / VOUCHERS WHEN REQUIRED)

12: Visited Border division; Santa Ana Area and met with Santa Ana Police Chief regarding Gail Suppression.
14: Monthly meeting with Agency Secretary.
14-16: Visited Santa Fe springs Area; attended retirement dinner for 30-year CHP employee.
24-25: Santa Monica Memorial Day celebration - served a speaker. Visited West Los Angeles Area command.
29-30: Served as keynoted speaker at National Latino Peace Officers Association National Training Conference.

12. NORMAL WORK HOURS

0800-1700

13. REGULAR DAYS OFF

Saturday/Sunday

14. PRIVATE VEHICLE LICENSE NUMBER

15. MILEAGE RATE CLAIMED

ACCOUNTING USE ONLY

PAID FOR BY REVOLVING CHECK NUMBER

16. I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by S.A.M. Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

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|---|------|---|------|
| CLAIMANT'S SIGNATURE (blue ink only) | DATE | SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT | DATE |
| SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES | | DATE | |